

STATE OF UTAH - LABOR COMMISSION

Division of Industrial Accidents

160 East 300 South, 3rd Floor

Mailing Address: P.O. Box 146610

Salt Lake City, UT 84114-6610

**REQUEST FOR COPIES FROM CLAIMANT'S FILE**

Claimant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Claimant's Social Security #: \_\_\_\_\_ Claimant's Date of Birth: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Claimant's Telephone: \_\_\_\_\_

Claimant's Employer: \_\_\_\_\_

Requester's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Requester's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip

Date Needed (Specify if Urgent): \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Requesting Party

\*\*\*\*\* (for Labor Commission se  
only)

Date Copied: \_\_\_\_\_ Number of Copies: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Labor Commission employee making copies

NOTARIZED RELEASE ATTACHED: Yes [ ] Not Required [ ]

Search Fee \$15.00

Copies \$0.50 per page

TOTAL CHARGE: \_\_\_\_\_

\*\*\*\*\*

We request that the inquiring party review the file and paper clip all reports that need to be copied. Because of our limited staff and responsibilities, the Labor Commission cannot always provide copies immediately. Therefore, please carefully evaluate your case as to what is needed as well as the date needed so that timely and succinct requests are made and we can provide the service to you.